

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Repetitive progressive axial displacement pattern for phacoemulsifier needle tip																					
Application Number :																						
Date :																						
First Named Applicant:	Dr. JAIME ZACHARIAS																					
Attorney Docket Number:																						
TOTAL FEE AUTHORIZED \$ 385																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as small entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385										
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EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 2</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 2	0	2202	9	0	Independent Claims : 1	0	2201	43	0	Subtotal For Extra Claims Fees: \$ 0			
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AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Credit account number:	2045																					
Expiration Date (YYYYMMDD):	2007-07-31																					
Authorized name:	Jaime Zacharias Aguilera																					
Billing address:	6670775																					